

**COMMONWEALTH OF VIRGINIA
DEPARTMENT OF MINES, MINERALS & ENERGY
DIVISION OF MINERAL MINING
900 Natural Resources Drive
P. O. Box 3727
Charlottesville, VA 22903
(434) 951-6310**

COMPLAINT INVESTIGATION

Company: _____ **Permit No.:** _____

Address: _____

Location of Mine: _____ **County:** _____

Name of Complainant: _____

Address: _____

Telephone No.: _____ **Date:** _____ **Time Registered:** _____

Nature of Complaint: _____

Complainant Comments: _____

Date: _____ **Time:** _____

Operating Official Contacted: _____

Operating Official Comments: _____

Date: _____ **Time:** _____

Section of Law or Regulations Violated: _____

Action Taken and/or Recommendation: _____

Complainant Notified of Action Taken: Yes() Anonymous () **Date:** _____

Inspector: _____ **Date:** _____